Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				Date of This Filing							
() -		243364	'1	Report	NoLIE143-50906		For	Official Use	Only		
				to Repo	ndment ort No	Page 1 of 6					
				(explain be	Pages6						
1. List Only One C	Candidate or Ballot Measure		•				•				
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED				NAME OF BALLOT MEASUR Proposition 76	E SUPPORTED OR OPPOSED					
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE				BALLOT NO./LETTER 76	JURISDICTION STW		SUPPORT	OPPOSE X			
2. Independent Ex	penditures Made Attach additio	onal information on appr	opriately labe	eled continu	uation sheets.	1					
DATE		DE	SCRIPTION C	F EXPENDI	ITURE			AMOUNT			
07/29/2005	Printing for Walkpiece						\$151.55				
08/19/2005	Printing for Walkpiece						\$108.25				
09/06/2005	Estimated Cost of Staff Salaries						\$900.00				
08/20/2005	Supplies/Food for Volunteers						\$40.80				
08/27/2005	Food for Volunteers						\$8.71				

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council						ing	/2005	Date Stamp CALIFORNIA FORM						
AREA CODE/PHONE NUMBER () - I.D. NUMBER (if appl 1243364) STREET ADDRESS CITY STATE ZIP COL CA 95125			BER (if applicable	e)	Report		3-50906	D 2.56		Official Use	Only			
				Page 2 of 6 Amendment to Report No (explain below)										
			ZIP CODE 95125			ow) Pages	6							
1. List Only One Ca	andidate or Ballot Measure			<u> </u>			•		'					
NAME OF CANDIDATE	E SUPPORTED OR OPPOSED					NAME OF BAL Proposition 76		SUPPORTED OR OPPOSED)					
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE				BALLOT NO./L 76	ETTER	JURISDICTION STW		SUPPORT	OPPOSE X					
2. Independent Exp	penditures Made Attach add	litional info	rmation on appr	ropriately labe	eled continu	uation sheets.								
DATE			DE	SCRIPTION C	F EXPENDI	TURE				AMOUNT				
09/03/2005	Supplies/Food for Volunteers								\$5.68					
09/06/2005	Estimated Cost of Staff Salaries								\$833.33					
08/09/2005	Food for Volunteers	Food for Volunteers							\$80.18					
08/13/2005	Supplies/Food for Volunteers								\$13.72					
08/20/2005	Supplies/Food for Volunteers								\$17.01					

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council						ing09/0°	7/2005	Date Stamp	CALIFORNIA FORM 496				
AREA CODE/PHONE NUMBER		I.D. NUMI 1243364	BER (if applicable	2)	Report	J	3-50906			For Official Use Only			
STREET ADDRESS				Page 3 of 6 Amendment to Report No.									
CITY San Jose		STATE CA	ZIP CODE 95125		(explain be	ow) Pages	6						
1. List Only One C	andidate or Ballot Measure								'				
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED					NAME OF BA Proposition 76		RE SUPPORTED OR OPPOSE	D				
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE				BALLOT NO./L	LETTER	JURISDICTION STW		SUPPORT	OPPOSE X				
2. Independent Ex	penditures Made Attach add	itional info	rmation on appr	opriately labe	eled continu	ation sheets.		I					
DATE			DE	SCRIPTION C	F EXPENDI	TURE				AMOUNT			
09/02/2005	Supplies/Food for Volunteers								\$31.65				
07/22/2005	Supplies/Food for Volunteers								\$189.04				
08/05/2005	Supplies/Food for Volunteers								\$16.50				
08/12/2005	Supplies/Food for Volunteers								\$28.00				
08/19/2005	Supplies/Food for Volunteers								\$54.71				

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council					Date of This Fil		Date Stamp	CALIFO		196
		I.D. NUM 1243364	BER (if applicable	e)	Report	No. LIE143-50906	Page 4 of 6	For Official Us		Only
STREET ADDRESS			to Repo	endment ort No						
CITY STATE ZIP CODE San Jose CA 95125				(explain be	Pages6					
1. List Only One C	andidate or Ballot Measure			·				·		
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Proposition 76	E SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE			OPPOSE		BALLOT NO./LETTER 76	JURISDICTION STW		SUPPORT	OPPOSE X	
2. Independent Ex	penditures Made Attach a	dditional info	ormation on app	ropriately lab	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	OF EXPEND	ITURE			AMOUNT	
08/26/2005	Supplies/Food for Volunteers							\$144.65		
09/06/2005	Estimated Cost of Phonecalls							\$400.00		
07/30/2005	Data for Walkpiece							\$102.43		
07/22/2005	Data for Walkpiece							\$151.63		
08/03/2005	Supplies							\$34.50		

Type or print in ink. Amounts may be rounded to whole dollars.

						LATE INDE	PENDENT EX	PENDITURI	KEPUKI	
NAME OF FILER South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council					ling09/07/2005	Date Stamp CALIFOR FORM				
AREA CODE/PHONE NUMBER () - STREET ADDRESS I.D. NUMBER 1243364		I.D. NUMBER (if applic 1243364	able)	Report NoLIE143-50906		D 4.44	For Official Use Only			
				to Repo	ndment ort No	Page 5 of 6				
CITY San Jose	STATE ZIP CODE CA 95125		(explain be							
1. List Only One Ca	andidate or Ballot Measure						·			
NAME OF CANDIDATE	E SUPPORTED OR OPPOSED				NAME OF BALLOT MEASUR Proposition 76	E SUPPORTED OR OPPOSED				
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOS			RT OPPOSE		BALLOT NO./LETTER 76	JURISDICTION STW		SUPPORT	OPPOSE X	
2. Independent Exp	penditures Made Attach addit	ional information on a	ppropriately lab	eled continu	uation sheets.					
DATE			DESCRIPTION C	F EXPEND	ITURE			AMOUNT		
08/12/2005	Data for Walkpiece						\$56.16			
08/13/2005	Supplies/Food for Volunteers						\$19.94			
08/21/2005	Food for Volunteers						\$87.14			
08/28/2005	Food for Volunteers						\$92.85			

CALIFORNIA 496

NAME OF FILER	I.D. NUMBER (If applied	cable)

3. Contributions of \$100 or More Received* IF AN INDIVIDUAL, ENTER OCCUPATION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR **AMOUNT** DATE AND EMPLOYER INTEREST RATES (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE** **RECEIVED** RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) If loan, COM enter interest rate, if any OTH □ PTY □ scc ☐ IND If loan, COM enter interest rate, if any OTH ☐ PTY SCC If loan, СОМ enter interest rate, if any OTH PTY SCC If loan, □ сом enter interest rate, if any OTH □ PTY ☐ SCC If loan, COM enter interest rate, if any ☐ OTH PTY SCC If loan, СОМ enter interest rate, if any OTH ☐ PTY SCC

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3. **Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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